

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			01/13/00
<b>O.I.P.E. CLASSIFIER</b>		73	1/28/00
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>		#07033	8-8-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/12/02
2	✓	✓	2/12/02
3	✓	✓	2/12/02
4	✓	✓	2/12/02
5	✓	✓	2/12/02
6	✓	✓	2/12/02
7	✓	✓	2/12/02
8	✓	✓	2/12/02
9	✓	✓	2/12/02
10	✓	✓	2/12/02
11	✓	✓	2/12/02
12	✓	✓	2/12/02
13	✓	✓	2/12/02
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If more than 150 claims or 10 actions  
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